STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	29C0001026	A. BUILDING _____ B. WING _____	04/23/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGESTIVE HEALTH CENTER	5250 KIETZKE LANE RENO, NV 89511

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Q 000	INITIAL COMMENTS The following Statement of Deficiencies was generated as the result of a full Medicare survey conducted at your facility on 4/22/08 and 4/23/08. The full Medicare survey was directed by the Centers for Medicare and Medicaid Services as the result of Complaint #NV00017896. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The facility was in compliance with all Conditions for Coverage. The following standard level deficiencies were identified:	Q 000		
Q 014	416.44(a)(3) ELEMENT of STANDARD PHYSICAL ENVIRONMENT The ambulatory surgical center must establish a program for identifying and preventing infections, maintaining a sanitary environment, and reporting the results to appropriate authorities. This ELEMENT is not met as evidenced by: Based on observation, interview, manufacturer's operation manual review, and policy review it was determined that the facility failed to provide sharps containers that prevented access to discarded, contaminated syringes and needles, failed to test each load of the steam sterilizer, and failed to have a tracking system for each load undergoing sterilization in the steam sterilizer. Findings include:	Q 014		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Q 014	Continued From page 1 On morning of 4/22/08, observations were made in the pre-op, recovery, and procedure rooms of the facility. Numerous sharps containers for the disposal of used syringes and needles were observed in each area. The cover on the containers had an opening approximately ten inches by two inches that would allow a person to reach in and retrieve a contaminated needle with or without a syringe. Interview with a gastroenterology technician at the time of the observation revealed that the lid on the sharps container had a sliding portion on the underside. When the container was full and ready for disposal, the sliding portion was positioned to cover the entire lid and was secured. Once the sliding portion was secured it could not be reopened. As a result it was not engaged until the container was ready for disposal. An observation of the facility's UltraClave Steam Sterilizer was conducted the morning of 4/22/08. The gastroenterology technician demonstrated the function of the sterilizer. The steam sterilizer was used to sterilize the biopsy forceps. In order to determine if the instruments were adequately sterilized, the staff checked the indicator strip on the outside of the package. The date of sterilization was written on the outside of the package. There was no way to trace the instrument back to a patient. Subsequent interview with the clinical director confirmed the findings of the observation. Review of the manufacturer's "Installation and Operation Instructions" for the UltraClave Steam Sterilizer revealed, in the section titled "Monitor	Q 014		

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Q 014	Continued From page 2 Loads," that the operator include an internal process indicator strip with each sterilizer load to verify gross heat penetration. The manual further instructed the operator, for wrapped or packed instruments, to place a sterilization indicator/monitor inside the package with the instruments. Review of the facility's Policy C7.19, "Sterilization-Performing and Monitoring of Process" revealed, under the section "Chemical Monitors," that a steam indicator must be run with each load and examined upon removal from a sterilizer for appropriate color changes.	Q 014		